

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Castlebridge Manor Nursing Home
Name of provider:	Castlebridge Manor Private Clinic Limited
Address of centre:	Ballyboggan Lower, Castlebridge, Wexford
Type of inspection:	Unannounced
Date of inspection:	23 June 2025
Centre ID:	OSV-0005826
Fieldwork ID:	MON-0047200

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Castlebridge Manor Nursing Home is a two-storey building, purpose built in 2018, with a ground floor and first floor accessed by lift and stairs. It is located in a rural setting surrounded by landscaped gardens on the outskirts of Castlebridge village near Wexford town. Resident accommodation consists of 77 single rooms and 9 twin rooms. All bedrooms contained en-suite bathrooms and there were assisted bathroom's on each of the two floors where residents reside. The provider is a limited company called Castlebridge Manor Private Clinic Ltd. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, transitional care, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia/cognitive impairment, older persons requiring complex care and palliative care. The centres stated aim is to meet the needs of residents by providing them with the highest level of person centered care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. The centre currently employs approximately 98 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	87
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 23 June 2025	19:30hrs to 22:45hrs	Mary Veale	Lead
Wednesday 25 June 2025	07:00hrs to 15:15hrs	Mary Veale	Lead
Monday 23 June 2025	19:30hrs to 22:45hrs	Aisling Coffey	Support
Wednesday 25 June 2025	07:00hrs to 15:15hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days by two inspectors. The inspectors arrived on the evening of the first inspection day and returned two days later. Over the course of the inspection, the inspectors spoke with 20 residents, five visitors and members of staff to gain insight into the residents' lived experience in the centre. Almost all residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewing various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive, without any delays, while attending to residents' requests and needs during the inspection days.

Castlebridge Manor Nursing Home is a two-story purpose-built designated centre registered to provide care for 95 residents on the outskirts of the village of Castlebridge, in County Wexford. There were 87 residents living in the centre on the days of the inspection.

The premises were laid out to meet the needs of residents. The centre was observed to be clean, bright, warm, and well ventilated throughout. All areas were seen to have been decorated to a high standard. The inspectors observed a staff member on the second inspection day painting areas of the corridor walls. The inspectors noted enhancements to the premises since the previous inspection. For example, dementia-friendly signage had been installed, areas of the centre had been painted with lighter and brighter shades of colour, and custom lift door graphics had been added. The sensory room had been decorated to create a therapeutic and low-stimulus environment where residents could relax. Photographs of residents and staff enjoying group activities and outings were displayed alongside residents' artwork in multiple locations throughout the centre. There was closed-circuit television (CCTV) in operation internally and externally, and signage was displayed informing residents and visitors of its use.

The centre consisted of four suites. The Amber and Eden Vale units occupied the ground floor, operating as a single unit. The Slaney and Ferrycarraig units were located on the first floor, operating as a single unit. Each unit had day rooms and dining rooms. The centre's oratory was located on the Amber unit, and the visitors' room was on the Eden Vale unit. Residents had access to a sensory room, a physiotherapy room and a hairdressing room on the first floor.

The centre had 77 single bedrooms and nine twin bedrooms, all with en-suite wash-hand basins, toilets, and shower facilities. The privacy and dignity of all residents in their bedrooms was respected. Staff were seen to knock before entering residents' bedrooms. Suitable curtains were seen on bedroom windows that faced into the courtyard gardens or out towards the car park. There had been improvements in the twin bedrooms since the last inspection, with the twin room layouts having been

configured to ensure adequate space for each resident to carry out activities in private and store their personal belongings. Bedrooms were nicely decorated. The inspectors observed that the majority of the residents' bedrooms were personalised with residents' belongings, such as photos, art, crafts, and ornaments. The inspectors observed that some residents had their life story displayed outside their bedroom doors.

The ground floor had two enclosed courtyard gardens. The bedrooms in the centre of the building were arranged around both internal courtyards and were accessible from residents' bedrooms on the ground floor. The courtyard gardens were attractive and well-maintained with level paving, colourful flower beds and hanging baskets, and comfortable seating. Residents were seen accessing the garden on the days of inspection. A designated smoking area was located in one of the courtyards. The smoking area was seen to contain the necessary protective equipment, in addition to an outdoor heater and a cupboard for storing smoking aprons.

On the first morning of the second inspection day, the inspectors reviewed call bell access on all floors and found that six residents on the ground floor did not have access to their call bell, meaning the resident was unable to summon assistance if required. This was brought to the attention of the person in charge, and staff were seen to rectify this matter promptly.

On both days of inspection, there was a calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents reported feeling safe and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views on the centre. However, these residents were observed to be mostly content and comfortable in their surroundings.

Inspectors observed residents sitting together in the communal rooms watching television, listening to music, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. Across the inspection days, residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas due to the limitations of their medical condition were supported by staff throughout the day.

The inspectors chatted with a number of residents about life in the centre. Most residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff and management were kind and always provided them with assistance when it was needed. One resident commented, "I have nothing but praise for them; they are very patient with me." Meanwhile, another resident told the inspectors that they "could not fault" the service available. Finally, one resident told the inspectors that the staff were "as sound as a bell". Residents confirmed that they had a choice over their daily routine, including the time they

woke up and the time they chose to go to bed. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, and attentive to their needs.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the two days. Visitors who spoke with the inspectors were very happy with the care and support their loved ones received.

A varied and interesting activities schedule programme was available for residents and prominently displayed throughout the centre to inform families of scheduled activities. Activities included exercise classes, gardening, men's shed, live music and dance, reminiscence and sensory therapies, arts and crafts, quizzes and bingo. Photographs seen and records reviewed found that residents were offered the opportunity to participate in regular outings into the community, with trips to a bowling alley and a strawberry farm having occurred in the weeks prior to the inspection. Residents spoken with said they were pleased with the activities programme in the centre. While some residents preferred their own company to group-based activities, they were not bored, as they had access to newspapers, books, radios, internet services, and televisions. On the first evening of inspection, many residents were observed sitting in the day rooms watching television and completing creative activities such as word search, crosswords and painting. On the second day of inspection, a large number of residents were observed participating in an exercise session and playing bingo. The centre was also home to Kevin, the cat. Residents spoke fondly of Kevin, and he was seen in photographs throughout the centre and featured in the pet therapy programme.

Residents' views and opinions were sought through monthly residents' meetings and regular satisfaction surveys. Residents stated that they could approach any member of staff if they had any issues or problems that needed to be solved. Residents had access to advocacy services. The centre had a rotating residents' ambassador who met with the activities team and the person in charge regularly. Residents could bring any concerns or issues to their resident ambassador to discuss with the person in charge, and the resident ambassador would communicate with residents who could not attend the centre's resident meetings.

While all residents whom the inspectors spoke with were complimentary of the home-cooked food and the dining experience in the centre, the inspectors observed on the first evening of inspection that not all residents had access to snacks and refreshments after 07:30pm. This is discussed further under Regulation 18: Food and Nutrition. The daily menu was displayed in each dining room in digital format. The inspectors observed the dining experience in the centre over lunchtime at 12:30pm on the second inspection day. The mealtime experience was relaxed and sociable, with residents enjoying each others company as they ate, and staff and residents engaging in conversation. Meals were freshly prepared in the centre's onsite kitchen and served in the dining room by the staff. Residents confirmed they were offered a choice of starter, main meal and dessert. The food served appeared nutritious and appetising. Residents expressed high praise for the food, with one

resident informing the inspectors, "I never leave a clean plate".

The centre had a very tidy, well-organised onsite laundry for laundering residents' clothing. All residents whom the inspectors spoke with over the two inspection days were satisfied with the laundry service, and there were no reports of missing items of clothing. The inspectors reviewed the kitchen and storage areas throughout the centre and found the provider has sufficient stocks of resources, such as food, linen, personal protective equipment and personal care items, including incontinence wear and wipes, to ensure effective care for residents.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that overall, this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. This was an unannounced risk inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection of 02 October 2024. The inspectors also followed up on unsolicited information that had been submitted to the Chief Inspector of Social Services about staffing levels, governance and oversight arrangements in the centre, safeguarding concerns, premises upkeep, and individual resident care and attention. The findings were partially substantiated and are discussed under the relevant regulations within this report. On this inspection, the inspectors found that areas for improvement were required in relation to care planning, residents' rights, staffing, nutrition, and governance and management.

The registered provider was Castlebridge Manor Private Clinic Limited. The centre is part of a large group that owns and manages a number of designated centres in Ireland. The person in charge reported to the regional operations manager, who reported upwards to the director of operations, who represented the provider for regulatory matters. The person in charge worked full-time in the centre Monday to Friday and was supported by a deputy person in charge and two clinical nurse managers (CNMs). The deputy person in charge and CNMs worked in a supernumerary capacity on each floor seven days a week to provide clinical supervision and oversight of residents' care needs. In addition, the person in charge was also supported by a team of staff nurses, healthcare assistants, housekeeping, activities coordinators, catering, administration, laundry and maintenance staff. The person in charge had access to group resources, for example, finance, human resources and facilities management.

The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care

and respectful of their wishes and preferences. Although the provider's whole-time-equivalent (WTE) staffing levels were in line with the statement of purpose for which the centre is registered, a review of the number and skill mix of staff was required. This is discussed in this report under Regulation 15: Staffing.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre, and training was up to date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control (IPC). Staff with whom the inspectors spoke were knowledgeable regarding IPC and safeguarding procedures. The inspectors were informed that cardio-pulmonary resuscitation (CPR) training, fire safety training, as well as restrictive practice and responsive behaviours training, were scheduled to take place in the weeks following the inspection.

The registered provider had systems in place to monitor the quality and safety of care. Communication systems were in place between the registered provider and management within the centre, and similarly between the person in charge and staff on each floor. The inspectors viewed records of governance and staff meetings which had taken place since the previous inspection. Governance meetings and staff meetings took place monthly, and health and safety and restrictive practice meetings took place quarterly in the centre. Each department held a monthly staff meeting; for example, there were meetings for nurses, healthcare assistants, activities staff, catering, maintenance, and housekeeping staff. Meeting records were detailed, containing agenda items, discussion that took place, actions required, the person responsible and the time frame to complete the outcome of the item. There was a daily safety pause, which was also utilised as a communication tool to discuss incidents such as safeguarding allegations or residents who were at risk of exit-seeking.

The provider had multiple management systems to monitor the quality and safety of service provision. A risk register was used to monitor and manage known risks in the centre. The person in charge completed a weekly key performance indicator (KPI) report, which was discussed with the regional operations manager. There was evidence of robust monthly tracking and trending of incidents, including falls, pressure ulcer development, complaints, and safeguarding concerns. There was surveillance of healthcare-acquired infections and antibiotic consumption. Since the previous inspection, the provider had been regularly auditing multiple areas, including care planning, medication management, IPC, call bell response times, mealtime experiences, night time observations, and resident satisfaction with activities. The provider also regularly surveyed staff to assess their understanding of key areas, including safeguarding, restrictive practices, IPC, fire safety, and complaints. Notwithstanding the good practices identified in the centre's governance and management systems and processes, further improvements were required in the oversight of the management of staff levels on night duty, and a fire safety concern was found on the first day of inspection. This is discussed under Regulation 23: Governance and Management.

A detailed annual review of the quality and safety of care delivered to residents took

place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' forum meetings. Within this review, the registered provider had also identified areas requiring quality improvement.

Records and documentation, both manual and electronic, were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were reported since the previous inspection and found these were managed in accordance with the centre's policies.

The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and to whom to make a complaint.

Regulation 15: Staffing

The registered provider had not ensured that the number and skill mix of staff was appropriate, having regard to the needs of the residents, particularly at night time. The provider had reduced the night time staffing levels on both floors. The reduction was observed to impact the residents on the first day of inspection, for example:

- Residents were not routinely served food or beverages between 07:30pm and 08:30am. Some residents reported to the inspectors that they were hungry and would like further food and refreshments during this period.
- Staff told the inspectors that they could not always attend to the residents' care needs on night duty in a timely manner, particularly if they had to attend to an incident, such as a fall or if a resident required nursing assistance while the nurse was completing the medication administration round. Night time staffing was discussed with the person in charge, and on return to the centre on the second day, the provider had reviewed the number of staff and skill mix on night duty and had returned the night time staffing numbers to four nurses and six health care assistants.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding residents from abuse, managing behaviours that are challenging and IPC. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date knowledge to enable them to perform their respective roles. Staff were appropriately supervised and supported.
Judgment: Compliant
Regulation 21: Records
All records as set out in Schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centre's policy, and records were stored in a safe and accessible manner.
Judgment: Compliant
Regulation 23: Governance and management
As discussed within this report, the management team had good systems in place to monitor the service and the effectiveness of care delivery. Clinical care provided was well-monitored and met the requirements of the regulations. However, there are a number of findings reported within the quality and safety section of this report which had not been identified or fully-addressed by these oversight and monitoring systems, such as auditing and fire safety. For example: • Internal auditing systems for call-bells did not identify whether call-bells were within easy reach of the residents. • An immediate fire safety risk was identified and brought to the attention of the person in charge on the first day of inspection. The batteries for manual handling equipment were seen to be charging on bedroom corridors and within a linen room on the ground floor. Charging hoist batteries on a bedroom corridor introduces a fire risk to this protected escape route. Batteries should not be charged in close proximity to combustible materials such as linen. The person in charge addressed this matter promptly and the charging station for the manual handling equipment was observed to be relocated to a safe area on the second day of inspection.
Judgment: Substantially compliant
Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into and review of complaints were specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Residents who could express their views were satisfied with the quality of the care they received, and the inspectors observed pleasant engagement between staff and residents throughout the inspection. Notwithstanding these positive findings, the inspectors found that care planning, residents' rights, and food and nutrition did not fully align with the requirements of the regulations.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by inspectors were person-centred and specific to that resident's needs. There was evidence of regular consultation with the resident and, where appropriate, their family during the revision of care plans. The provider was also in the process of rolling out a new recording system for resident and family consultation regarding care plan reviews, which the inspectors saw. Notwithstanding this good practice, a review of a sample of falls risk assessment tools and care plans found inconsistencies and insufficient detail to effectively guide and direct the care of residents who were at risk of falling or had fallen. This matter is discussed further under Regulation 5: Individual assessment and care planning.

Residents had timely access to general practitioners (GPs), specialist services and health and social care professionals, such as psychiatry of old age services, physiotherapy, dietitians, and speech and language therapists, as required. The centre had access to GPs from local practices. The inspectors were introduced to the GP who was attending to residents in the centre on the second inspection day. Residents had access to a mobile x-ray service referred by their GP, which reduced the need for trips to the hospital. Residents had access to nurse specialist services such as community mental health nurses and tissue viability nurses. Residents had access to local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training. Staff demonstrated an appropriate awareness of the centre's safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. Staff had An Garda Síochána (police) vetting disclosures on file. Incidents and allegations of abuse were investigated by the person in charge in line with the provider's policies. The provider did not act as a pension agent nor hold any quantities of money in safekeeping for residents.

The inspectors found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. There was a varied and interesting activities programme available, supplemented with regular themed events, such as coffee mornings, trivia nights, grandparents' day, summer barbeques, and garden shows. The provider facilitated residents' access to community groups, including local schools, dance groups, and choirs. Regular outings had been organised and were planned. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by attending residents' meetings and completing questionnaires. Residents' privacy and dignity were respected. There had been improvements in the twin bedrooms since the last inspection, with the twin room layouts having been configured to ensure that one resident did not have to enter another resident's beds pace to access clothing, use the en-suite bathroom facilities, or exit the bedroom. Privacy curtains in twin bedrooms were seen to fully close to uphold each resident's dignity. The centre had weekly religious services available. Residents had access to local and national newspapers, television, radio, telephones, and internet services throughout the centre. The provider published a monthly newsletter to keep residents and families informed about activities and developments within the centre. Information was provided to residents about independent advocacy services. Notwithstanding these good practices, some improvements were required, which will be discussed under Regulation 9: Residents' rights.

There was good oversight of infection prevention and control (IPC) in the centre. The provider had two registered nurses trained as IPC link practitioners to guide and support staff in safe IPC practices and oversee performance. Cleaning staff spoken with were knowledgeable regarding IPC protocols in relation to their role. Cleaning

equipment and the cleaning trolley was seen to be clean. A colour-coded cleaning system was in place and demonstrated. The person in charge had completed a review following a recent Influenza-A outbreak. Alcohol hand gel was available in all communal rooms and corridors. Personal protective equipment (PPE) stations were available on all corridors to store PPE. Used laundry was segregated in line with best practice guidelines, and the centre's laundry had a workflow for dirty to clean laundry, which prevented the risk of cross-contamination. There was an IPC policy available for staff, which included guidance on COVID-19 and multidrug-resistant organisms (MDROs). Staff were observed to have good hygiene practices and correctly use PPE. There was evidence that IPC meetings took place every three months. There was a targeted IPC audit schedule which included auditing the environment, PPE usage, antibiotic usage and hand hygiene practices. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

The premises' design and layout met residents' needs. The centre was found to be clean and pleasantly decorated to provide a homely atmosphere. The centre had well-maintained internal courtyard gardens. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy.

Residents spoken with expressed high praise for the food offered in the centre. Food was prepared and cooked onsite by the centre's chef. Choice was offered to residents at mealtimes, and adequate quantities of food, drinking water and other refreshments were served at mealtimes. There was adequate supervision and discrete, respectful assistance for residents who required mealtime support. Notwithstanding these good practices, improvements were required to ensure meals, refreshments and snacks were made available to residents at all reasonable times. This matter is discussed under Regulation 18: Food and nutrition.

Regulation 17: Premises

Overall, the premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated, providing a homely atmosphere. The centre had a well-maintained internal courtyard garden. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy.

Judgment: Compliant

Regulation 18: Food and nutrition

Action was required to ensure residents had meals, refreshments and snacks at all reasonable times. The inspectors noted that supper was served between 16:30 and 17:30. This was followed by tea, coffee, biscuits and cake between 18:30 and

19:30. However, there was a long gap between the last substantial meal, which finished at 17:30 and breakfast the next morning at 08:30. Three residents informed the inspectors that they were unhappy with the length of time between supper and breakfast the next morning. Two of the residents discussed being hungry, while one resident expressed a wish to be offered further refreshments throughout the evening after 19:30.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre's interior and resident equipment were seen to be very clean. A targeted auditing system was in place to regularly review cleaning activities and environmental cleanliness. The provider had appointed two trained infection control link nurses to provide specialist expertise. The layout of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated risk assessment tools, action was required concerning individual assessments and care plans to ensure that each care plan accurately reflected the resident's assessed needs, for example:

- A resident who was assessed as being at high risk of falls and who had fallen in the centre had a falls care plan that stated they were at low risk of falls and had not fallen. Underestimating a resident's risk of falls could lead to missed opportunities to mitigate these risks and develop a robust care plan to enhance the resident's comfort and safety.
- For two further residents, the falls risk assessment tool had not been completed and reviewed at required intervals, in line with the provider's policies.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who required specialist medical treatment or other healthcare services, such as mental health services, dietetics, tissue viability nursing, and physiotherapy, were supported to access these services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. All staff had An Garda Síochána (police) vetting disclosures on file. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records seen, it was clear the person in charge had provided a robust and person-centred response when investigating and responding to these allegations. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The provider was not a pension agent and did not hold money in safekeeping for residents.

Judgment: Compliant

Regulation 9: Residents' rights

While many aspects of residents' rights were upheld in the centre, some improvements were required, for example:

- On the morning of the second inspection day, the inspectors found that six residents did not have access to their call bell, meaning they were unable to summon assistance if required. The call bells were seen to be out of the resident's reach, for example, in the holder behind the bed, on a chair at the base of the bed or located on a table some distance from the resident's bed. Not having access to a call-bell could lead to delayed assistance, increased risk of falls, and heightened anxiety and frustration for the residents.
- One resident and one visitor reported to the inspectors difficulties in verbal communication and understanding of some staff when communicating their needs. A second resident had also referenced this difficulty in a questionnaire reviewed. Poor communication could impact the safety and care needs of residents. This was a repeated finding following the previous inspections in April 2024.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Castlebridge Manor Nursing Home OSV-0005826

Inspection ID: MON-0047200

Date of inspection: 25/06/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: As part of our ongoing staffing review, we had been adjusting staffing levels over the 24hr period to suit our Residents needs and preferences. We had introduced an early start & late finish daytime shift into the roster to accommodate some of our early risers & those Residents who prefer to stay up later. We adjusted the nighttime staffing levels after the primary nighttime inspection & prior to the return of the inspectors on the second day of the inspection, as feedback from Residents & Staff indicated this need. This was done immediately which shows that our staffing levels are responsive to our Residents wishes. Our WTE staffing remains as per our SOP. Our Residents have the following mealtimes within the home: Breakfast 8.30am – 9.30am Lunch 12.30md – 1.30pm Dinner 5.30pm - 6pm Snack refreshments/tea rounds/soup rounds are as follows: Morning 10.30 – 11am Afternoon 3pm – 3.30pm Evening 6.30pm – 7pm In addition to this, a formal food & beverage round has now been introduced on each unit. This takes place at 8.45pm each evening, with food and drinks prepared in advance by the kitchen staff and served by a member of the team. Staffing levels are reviewed on a weekly basis in conjunction with the HR department to ensure compliance with required allocations and to maintain safe and effective staffing levels. Any variances are addressed promptly to prevent recurrence and to ensure that residents' needs continue to be met in a timely and person-centered manner. Feedback from staff is sought through our regular departmental meetings and our out of hours checks/audits continue so that we monitor Resident comfort at all times during the day &	

night.

We receive regular feedback from our Residents through the Resident meetings/ mealtime audits and our Resident Ambassador.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The internal call bell audit was reviewed following the inspection and has been updated to specifically include confirmation that call bells are within easy reach of residents. Furthermore, the frequency of audits has been increased, and they are now conducted on a weekly basis, including during night-time hours. Staff meetings, including the daily safety pause, continue to highlight the importance of the correct positioning of call bells. Particular emphasis is placed on ensuring that call bells are always within easy reach of residents to support timely assistance and promote resident safety.

Ongoing reinforcement through daily safety pauses and regular staff meetings ensures sustained awareness of correct call bell practices. This measure, combined with the weekly call bell audits, provides consistent oversight and prevents recurrence of non-compliance.

The charging stations for manual handling equipment were reviewed immediately when the issue was identified during the HIQA inspection, as noted in the report. Changes were implemented the following day. A designated safe charging area has been identified on each unit, and these are now in use.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

A further formal food and beverage round was introduced immediately following the inspection. This takes place at 8.45pm each evening on every unit, with food and drinks prepared in advance and served by a member of the team.

This round has been embedded into the daily care routine to ensure residents are consistently offered refreshments in the evening. Compliance will be monitored through regular audits including out of hours audits, and staff feedback to ensure the round continues to take place as scheduled and meets residents' hydration and nutritional needs.

Our Residents have the following mealtimes within the home:

Breakfast 8.30am – 9.30am

Lunch 12.30md – 1.30pm

Dinner 5.30pm - 6pm

Snack refreshments/tea rounds/soup rounds are as follows:

Morning 10.30am – 11am

Afternoon 3pm – 3.30pm

Evening 6.30pm – 7pm

Evening Supper 8.45pm – 9.15pm

At any time during the day or night – staff on duty have access to the food preparation areas on each floor so that should a Resident wish for anything outside of these hours – food & beverages can be prepared.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

We have adjusted our weekly governance report to capture careplan and assessment review details such as updates following a fall.

The importance of updates to care plans & assessments has been a topic at our regular RGN departmental meetings & the timeliness of these updates is paramount. Training has been given on these topics to all RGNs and they are mentored by the CNM in preparing both.

Nursing staff complete a formal r/v of care plans and individual risk assessments every four months (or sooner should our Residents needs change). Regular monitoring through our KPI reviews, Vi Clarity quarterly audits & Management team oversight will ensure that our Resident care plans & risk assessments remain current, person centered and compliant.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The internal call bell audit was reviewed following the inspection and has been updated to specifically include confirmation that call bells are within easy reach of residents.

Furthermore, the frequency of audits has been increased, and they are now conducted on a weekly basis, including during night-time hours. Staff meetings, including the daily safety pause, continue to highlight the importance of the correct positioning of call bells. Emphasis is placed on ensuring that call bells are always placed within easy reach of

residents to support timely assistance and promote resident safety.

Ongoing reinforcement through daily safety pauses and regular staff meetings ensures sustained awareness of correct call bell practices. This measure, combined with the weekly call bell audits, provides consistent oversight and prevents recurrence of non-compliance.

English is the main spoken language of the home. All our international staff, as part of their selection & onboarding complete an English language proficiency exam. We do acknowledge that this skill during their first few months in the country is primarily a clinical English knowledge. The ability of staff to communicate fluently through English is monitored during probation and the formal appraisal process. Where additional support is required, this need is identified, and supports put in place to assist the staff member and to safeguard the quality of care & resident safety.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	24/06/2025
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	24/06/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	24/06/2025

Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/07/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/07/2025